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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/621,353
Filing Date	April 9, 2004
First Named Inventor	BROWN ELLIOTT, Candice Helen
Title	NOVEL SUBPIXEL LAYOUTS AND ARR
Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	08831.0066

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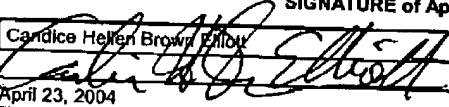
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Candice Helen Brown Elliott
Signature	
Date	April 23, 2004
Telephone	707-824-2498

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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PTO/SB/81 (09-03)

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First Named Inventor	BROWN ELLIOTT, Candice Hellen
Title	NOVEL SUBPIXEL LAYOUTS AND ARR
Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	08831.0066

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Name	Registration Number

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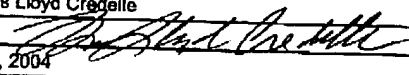
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)**SIGNATURE of Applicant or Assignee of Record**

Name	Thomas Lloyd Credelle
Signature	
Date	April 26, 2004
Telephone	707-824-2498

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/821,353	RECEIVED CENTRAL FAX CENTER APR 29 2004	
	Filing Date	April 9, 2004		
	First Named Inventor	BROWN ELLIOTT, Candice Helton		
	Art Unit	To Be Assigned		
	Examiner Name	To Be Assigned		
Total Number of Pages in This Submission	3	Attorney Docket Number	08831.0058	08831.0066

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	1 TRANSMITTAL FORM 2 SEPARATE POWER OF ATTORNEY	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stuart P Kaler Reg No. 35,913
Signature	<i>Stuart P. Kaler</i>
Date	04/29/04

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Carolyn Marsden
Signature	<i>[Signature]</i>
Date	04/29/04

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